



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF TENNCARE**

**REQUEST FOR INFORMATION  
FOR  
PROVIDER DATA MANAGEMENT SYSTEM**

**RFI # 31865-00700  
July 27, 2018**

**1. STATEMENT OF PURPOSE:**

The State of Tennessee, Department of Finance and Administration, Division of TennCare (TennCare), issues this Request for Information (RFI) to obtain information about available or planned solutions in the marketplace for a Provider Data Management System (PDMS). TennCare seeks information about current and possible solutions suited for health care programs, particularly those that are government-funded programs, such as the Medicaid program, the Children's Health Insurance Program (CHIP), waiver programs and populations such as Medicaid managed care, long-term supportive services (LTSS), behavioral health, and other state-supported benefit programs. Respondents with experience in some areas can collaborate with others in their responses to provide a robust view of potential solutions. We appreciate your input and participation in this process.

**BACKGROUND:**

TennCare's Medicaid enterprise currently includes a Provider Data Management System (PDMS) and supporting services.

The following statements provide TennCare's objectives for the RFI:

- a. Gain insight into innovative solutions that will support TennCare's current and future PDMS requirements.
- b. Gain a clear understanding of the respondent's experience with obtaining CMS certification of their PDMS solution(s).
- c. Gain exposure to respondents' approaches to delivery of supporting services.

**2. COMMUNICATIONS:**

- 2.1. Please submit your response to this RFI via email to:

Matt Brimm, Director of Contracts  
Department of Finance and Administration  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37072  
615-687-5811  
[Matt.Brimm@tn.gov](mailto:Matt.Brimm@tn.gov)

- 2.2. Please feel free to contact TennCare with any questions in writing, regarding this RFI. Questions about the content of this RFI will be accepted in writing until the question deadline listed in Section 3 RFI Schedule of Events. Questions must pertain to the content of this RFI. The main point of contact will be:

Matt Brimm, Director of Contracts  
Department of Finance and Administration  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37072  
615-687-5811  
[Matt.Brimm@tn.gov](mailto:Matt.Brimm@tn.gov)

- 2.3. Please reference RFI # 31865-00700 with all communications to this RFI.

- 2.4. Respondents with Technical Information Forms that indicate system capabilities to support provider enrollment, credentialing, EHR incentive payments, and CAQH/CORE functions may be contacted to schedule demonstrations of those capabilities. The demonstrations may not include any cost information.

TennCare will contact the person identified in Section 2 of the respondent's Technical Information Form to schedule the date and time of the respondent's demonstration. The start and end dates of the demonstration period are listed in Section 3 Schedule of Events.

Scheduled respondents will have access to the presentation room for 30 minutes prior to the demonstration start time to set up for their presentations. Demonstrations must not exceed one hour. The presentation room will have a projector that can connect to a computer. Respondents are responsible for establishing their own connectivity. Access to the State network will not be available to respondents. Respondents may bring 3 to 5 participants to their demonstrations. Vendors selected to provide a demonstration will not be construed in any manner as having a preference for selection as the contractor for this ongoing procurement. This RFI is being conducted to gain information pertaining to the sections listed in the technical and cost information forms found below.

### 3. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		July 27, 2018
2.	RFI Questions Deadline		August 3, 2018

3.	RFI Response Deadline	3:00 P.M.	August 22, 2018
4.	RFI Demonstrations Start Date		August 27, 2018
5.	RFI Demonstrations End Date		September 14, 2018

#### 4. GENERAL INFORMATION:

- 4.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 4.2. The information gathered during this RFI is part of an ongoing procurement. To prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid, or other procurement method. If the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- 4.3. The State will not pay for any costs associated with responding to this RFI.
- 4.4. Responses to the Technical Informational Form and the Cost Informational Form should not exceed 50 pages in their combined total.

#### 5. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms.

RFI # 31865-00700	
TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3.	BRIEF DESCRIPTION OF EXPERIENCE PROVIDING SIMILAR SCOPE OF SERVICES/PRODUCTS
4.	FILL IN WITH REQUESTED INFORMATION AS NEEDED  TennCare seeks to gain insight about PDMS solutions and supporting services that respond to the following questions.  A. What solution characteristics do you recommend for Medicaid and other public health care programs?  B. What are the key features and differentiators of your recommended solution?  C. Please describe how your recommended solution addresses the following business needs? i. Medicaid provider enrollment and screening  ii. Provider credentialing (NCQA Certified)  iii. EHR incentive payments  iv. CAQH/CORE functions  D. Have you sought or are you planning to seek precertification from CMS for your recommended solution? i. If yes, please provide the complete text of your precertification final report from CMS.  ii. If no, why have you not sought the precertification from CMS?

- E. What is your experience with the open-source PDMS that CMS has made available in Zone?
- F. If you have experience with the open-source PDMS that CMS has made available in Zone, what is your recommendation?
- G. Provide examples of similar PDMS solutions that you have implemented for Medicaid and other public health care programs and describe those experiences, including timelines from contract initiation to onset of operations.
- H. Has your recommended PDMS solution received CMS certification?
  - i. If yes, for each State that received MMIS certification for the PDMS from CMS, please list the State name and certification date and indicate whether the PDMS was certified as an individual module or as part of an overall MMIS certification.
  - ii. If yes, and if your recommended PDMS solution has been certified by CMS as part of an overall MMIS certification, can the PDMS operate independently of the rest of the MMIS?
  - iii. If no, why have your client States not sought certification from CMS for your recommended solution?
- I. Are any CMS certification reviews in progress for your recommended PDMS solution?
  - i. If yes, please list the State name and indicate whether the PDMS is being reviewed as an individual module or as part of an overall MMIS certification.
- J. What best practices have you used to ensure that your recommended PDMS solution addresses the following checklists in the current Medicaid Enterprise Certification Toolkit (MECT): Provider Data Management, Access and Delivery, Information Architecture, Integration and Utility, Intermediary and Interface, and Standards and Conditions?
- K. What issues or challenges have you experienced when implementing and integrating your solution with Medicaid and other public health systems?
- L. What are your approaches to data conversion, system implementation, and transitioning providers to a new PDMS solution?

- M. How does your recommended solution work with managed care organizations (MCOs)? Please provide examples if applicable.
- N. What ongoing services do you recommend for TennCare?
- O. What methodologies and development practices does your company use to ensure quality outcomes for modifications, enhancements, and delivery of automated solutions within a secured enterprise environment?
- P. How does your solution ensure data quality and integrity (inputs, results, reporting)?
- Q. Does your recommended solution meet security and compliance standards, such as ADA Section 508 and MARS-E 2.0? If so, please described and provide examples.
- R. What deployment options does your recommended solution offer, such as on-site, off-site, hosted, web portal, and/or cloud-based options?
- S. Please describe how your recommended solution integrates with industry-leading tools for governance, risk, and compliance; audit; and other data management functions for Medicaid and other public health systems.
- T. Please describe your experience in integrating your recommended solution with legacy and newer systems.
- U. Please describe your experience in integrating your recommended solution with CAQH Proview.
- V. Do you recommend an on premises solution or SAAS?
- a. If SAAS, please describe the security profile for your data center and infrastructure. Is your datacenter FEDRAMP certified? If not, please describe your plans for FEDRAMP certification.
- W. How will you provide support to TennCare? Support included application/technical support and end user support/help desk.

<b>COST INFORMATIONAL FORM</b>
1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):
2. Describe the typical price range for similar services or goods:
3. FILL IN WITH REQUESTED INFORMATION AS NEEDED  A. Describe how you can separately identify costs associated with implementing new products or services for a new client.   B. Describe how you can separately identify costs associated with transferring data and transitioning operations from or to another contractor when needed.   C. Describe how you can separately identify costs associated with operating products or services.   D. Describe your licensing approach to any licensed hardware or software.   E. Describe your approach to offering a catalog of services with corresponding pricing from which a client can select their desired services.

  

<b>ADDITIONAL CONSIDERATIONS</b>
1. Please provide input on alternative approaches or additional things to consider that might benefit the State: